

Montana TY2007 E~File Test Packet
Montana Test 10

Forms: Form 2 (long form)
Form CC (college contribution credit)
Form QEC (qualified endowment credit)
Form AFRC (alternative fuel credit)
Schedule VI (credit for taxes paid to another state or country)

Name: Edwards, Michael D 400-00-6804 (primary)

Dependents: None

Address: 1052 State Park Road
Whitefish, MT 59937

Return Status: Refund

Filing Status: 1 (single)

Residency Status: Resident Full Year

Exemptions: 1 Primary (yourself)
1 Total

Deduction: Standard Deduction

Notes: NAICS Code: 541510
Alimony recipients SSN should be 400-00-6805
Nongame wildlife program check off: 100
Child abuse prevention check off: 100
Agriculture in schools check off: 100
End-stage renal disease check off: 100
2/3rd farming gross income box should be "X"
Annualized estimated payments box should be "X"
Do not mail forms box should be "X"
May DOR discuss return with preparer should be "N"
Taxpayer phone number should be (406) 444-6957
Line 36 includes \$2,000 in federal write-ins
Federal write-in box (seq # 0820) should be "X"
Refund amount is \$4467.00
Direct Deposit information
Rtn # 012456778
Acct # 45538273619423019
Acct type: Checking